

REDACTED – FOR PUBLIC INSPECTION

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LAFURIA
GUTIERREZ
& SACHS LLP

June 26, 2017

VIA ECFS

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

**Re: Nsighttel Wireless LLC (SAC 339015)
FCC Form 481 – Carrier Annual Report due July 3, 2017
WC Docket No. 14-58**

Dear Secretary Dortch:


On behalf of Nsighttel Wireless LLC (“Nsighttel”), SAC 339015 in Wisconsin, enclosed is a redacted public version of Nsighttel’s FCC Form 481 Carrier Annual Report submitted pursuant to Sections 54.313 and 54.422 of the Commission’s Rules (“Form 481 Report”). The enclosed redacted version of the Form 481 Report has been marked **“REDACTED – FOR PUBLIC INSPECTION.”**

The Report has been submitted to the Universal Service Administrative Company.

Nsighttel is also submitting, under separate cover, a confidential copy of the Form 481 Report. The confidential version has been marked **“CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.”**

Please contact the undersigned if any questions arise concerning the above-referenced Report or if you require any additional information.

Sincerely,



Robert S. Koppel

Counsel to:
Nsighttel Wireless LLC

Enclosure

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	339015
<015>	Study Area Name	NSIGHTTEL WIRELESS, LLC
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Larry L. Lueck
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	larry.lueck@nsight.com
	Form Type	54.313 and 54.422

<010>	Study Area Code	339015
<015>	Study Area Name	NSIGHTTEL WIRELESS, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
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[illegible]

(300) Unfulfilled Service Request
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	339015
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<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	339015
<015>	Study Area Name	NSIGHTTEL WIRELESS, LLC
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only mobile voice	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice 0 . 0	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
339015wi510.pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	339015wi610.pdf

July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

-- See attached worksheet

<010>	Study Area Code	339015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com
<810>	Reporting Carrier	Nsighttel Wireless, LLC
<811>	Holding Company	Northeast Communications of Wisconsin, Inc.
<812>	Operating Company	N/A

-- See attached worksheet --

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<900> Does the filing entity offer tribal land services? (Y/N) Yes

<910> Tribal Land(s) on which ETC Serves

Bad River Band of Lake Superior Tribe
Forest County Potawatomi Community
Lac du Flambeau Band of Lake Superior Chippewa Indians of the Lac du Flambeau Reservation of Wisconsin
Menominee Indian Tribe of Wisconsin
Oneida Tribe of Indians of Wisconsin
Sokaogon Chippewa Community
Stockbridge Munsee Community

<920> Tribal Government Engagement Obligation

339015wi920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<1000> Voice services rate comparability certification Not Applicable

<1010> Attach detailed description for voice services rate
comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband
comparability compliance

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans	<div style="border: 1px solid black; height: 80px; margin-bottom: 5px;"> 339015wi1210.pdf </div> <div style="text-align: center; font-size: small;">Name of Attached Document</div>
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<1220> Link to Public Website	HTTP <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>
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“Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	<input type="radio"/> (Yes) <input type="radio"/> (No)
(3014)	If yes, does your company file the RUS annual report	<input type="radio"/> (Yes) <input type="radio"/> (No)
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	<input type="radio"/> (Yes) <input type="radio"/> (No)
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or	<input type="checkbox"/>
(3020)	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3021)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3022)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
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Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
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4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	
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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: NSIGHTTEL WIRELESS, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/20/2017
Printed name of Authorized Officer: Mark Naze	
Title or position of Authorized Officer: Treasurer	
Telephone number of Authorized Officer: 9206177000 ext.	
Study Area Code of Reporting Carrier: 339015	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(200) Service Outage Reporting (Voice) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<210> For the prior calendar year, were there any reportable voice service outages? Yes

<220>

[illegible]

July 2013

[illegible]

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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com
<810>	Reporting Carrier	Nsighttel Wireless, LLC
<811>	Holding Company	Northeast Communications of Wisconsin, Inc.
<812>	Operating Company	N/A

[illegible]

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Nsighttel Wireless, LLC, d/b/a Cellcom, hereby certifies that it has reviewed its service quality and consumer protection practices, which it follows in connection with its provision of voice and broadband services, and that it is in compliance with all applicable service quality standards and consumer protection rules. Cellcom is a signatory to the CTIA–The Wireless Association® (“CTIA”) Consumer Code for Wireless Service (“CTIA Code”) as currently in effect. Cellcom follows the service quality and consumer protection practices found in the CTIA Code.

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission’s Rules requires that each eligible telecommunications carrier (“ETC”) must “[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”¹ Section 54.313(a)(6) requires ETCs to certify that they are “able to function in emergency situations as set forth in §54.202(a)(2)”² in connection with their provision of voice and broadband services.

Nsighttel Wireless, LLC, d/b/a Cellcom, (“Cellcom”) has deployed sufficient power generators throughout its network and also has the capability to deploy temporary microwave facilities quickly to the extent necessary for Cellcom’s network to remain functional during emergencies. These generators and microwave facilities ensure that (1) a reasonable amount of back-up power will be available to ensure functionality without an external power source; (2) Cellcom will be able to reroute voice and broadband traffic around damaged facilities; and (3) Cellcom will be capable of managing spikes in voice and broadband traffic resulting from emergency situations.

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

Line 920 – Tribal Government Engagement Obligation

Pursuant to the Federal Communications Commission’s rules¹, in calendar year 2016, Nsighttel Wireless, LLC, d/b/a Cellcom, (“Cellcom”) sent letters to the Tribal governments for all Tribal entities whose boundaries are within Cellcom’s study area. Several Tribal governments responded to those letters, and Cellcom has begun to exchange information with those Tribal entities. Cellcom expects to continue the dialogue throughout 2017.

Cellcom’s engagement efforts addressed the following information:

- (a) Assessing communications needs, including the needs of key community anchor institutions;
- (b) Assessing the feasibility and sustainability of network investments;
- (c) Marketing services in an appropriate and effective manner;
- (d) Obtaining rights of way, land use permitting, facilities sighting and obtaining environmental and cultural preservation assessments and approvals; and
- (e) Complying with local business and licensing requirements.

This certification should not be interpreted as Cellcom making any representations, express or implied, regarding compliance with any Tribal laws or regulations. That is outside the scope of this filing and this certification.

¹ *Connect America Fund*, Report and Order and Further Notice of Proposed Rulemaking, WC Docket No. 10-90, FCC 11-161, ¶ 604 (rel. Nov. 18, 2011) (“*Order*”).

Lifeline Calling Plan Application



Application Information and Instructions

In these uncertain economic times Cellcom believes it is more important than ever to stay connected. Cellcom offers affordable and reliable wireless service through Lifeline.

What is Lifeline Service?

Lifeline calling plans offer qualified customers a discount on their monthly bill. This is not a free service. To continue to receive service, you are responsible for paying all monthly access charges and fees incurred during each billing period. Your wireless service will be terminated if you do not pay your monthly bill on time.

Who's Eligible for Lifeline Calling Plan Service?

Eligible wireless subscribers must be at least 18 years of age, have a physical address and reside in Cellcom's Wisconsin licensed markets. Only one federally subsidized Lifeline service is available per household. Additional lines of service are not eligible to receive the Lifeline calling plan discount. Applicants must participate in one of the following programs:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Veterans Pension and Survivor Program Benefit
- Federal Housing Public Assistance
- Tribal Head Start
- Bureau of Indian Affairs General Assistance
- Tribal Administered Temporary Assistance for Needy Families (TTANF)
- Food Distribution Program on Indian Reservation (FDPIR)
- Income below the Federal Poverty guidelines
- Badger Care*
- Food Stamps*
- Low Income Home Energy Assistance Program (LIHEAP)*
- Medical Assistance (MA)*
- Wisconsin Homestead Credit*
- Wisconsin Works*
- National School Free Lunch Program (NSLP)*

*state eligibility criteria temporarily available for Lifeline

It is the responsibility of the Lifeline participant to advise Cellcom when you are no longer eligible for at least one of the above programs. Lifeline service will terminate upon loss of eligibility. For continuous eligibility for Lifeline, the participant may be required to re-verify his/her eligibility on an annual basis.

Lifeline Assistance is a federally subsidized program which provides a reduced price on your monthly calling plan to qualified low-income individuals. ***This is not a free service.***

For more information about Cellcom's Nationwide Lifeline Calling Plan call 877-477-5222



Application for Lifeline Service Assistance Program

☐ Initial Enrollement

☐ Recertification of Enrollment

SECTION 1 - APPLICANT (Please Print)

Name: _____ Social Security #: _____
(Last Name) (First Name) (Middle Initial)

Billing Address: _____ Date of Birth (MM/DD/YYYY): ____ / ____ / ____
(May contain a P.O. Box) (City) (State) (Zip)

Residence Address: _____
(Street address is required for Lifeline verification) (Apt. # or Unit #)

Address: _____
(City) (State) (Zip) (County)

☐ Select if your address is temporary. If address changes, you must notify Cellcom within 30 days.

☐ My residence address is located on federally-recognized Tribal lands. ☐ Yes ☐ No

Place of Employment: _____
(Name) (Length of Employment)

Employer's Address: _____
(Street) (City)

Phone number (if existing service) or for messages: (_____) _____

If applying on behalf of a child that is eligible for Lifeline program, please provide the following information about the child:

Name: _____ Social Security #: _____
(Last Name) (First Name) (Middle Initial)
Date of Birth (MM/DD/YYYY): ____ / ____ / ____

SECTION 2 - ELIGIBILITY FOR LIFELINE ASSISTANCE (CHECK ALL THAT APPLY)

- 1.) I am applying for: ☐ Lifeline monthly wireless service discount
☐ Lifeline monthly wireless service discount-waiving activation charge
- 2.) I am currently eligible to receive benefits from one or more of the following public assistance program(s). Programs listed below require documentation proving participation in program at time of application. Documentation will be reviewed and security retained but is not returned or shared with others.

☐ Supplemental Nutrition Assistance Program (SNAP)

☐ Medicaid

☐ Federal Housing Public Assistance (Section 8)

☐ Veterans Pension and Survivor Benefit Program

☐ Supplemental Security Income (SSI)

☐ Food Distribution Program on Indian Reservations (FDPIR)

☐ Bureau of Indian Affairs General Assistance

☐ Tribal Head Start

☐ Tribally Administered Temporary Assistance for Needy Families (TTANF)

☐ Badger Care*

☐ Food Stamps*

☐ Low Income Home Energy Assistance Program (LIHEAP)*

☐ Medical Assistance (MA)*

☐ Wisconsin Homestead Credit*

☐ Wisconsin Works*

☐ National School Free Lunch Program (NSLP)*

*state eligibility criteria temporarily available for Lifeline

OR

☐ My total household income is at or below 135% of the Federal Poverty Guidelines.*

_____ Number of people in household

135% OF THE FEDERAL POVERTY GUIDELINES - 2016	
Persons in Family or Household	48 Contiguous States and D.C.
1	\$16,038
2	\$21,627
3	\$27,216
4	\$32,805
5	\$38,394
6	\$43,983
7	\$49,586
8	\$55,202
For Each Additional Person	Add \$5,616

**To apply using income eligibility, you are required to provide documentation proving you meet the income eligibility requirements at the time of application. The documentation is reviewed and securely retained but is not returned to you or shared with others. Acceptable documents to demonstrate proof of income for entire household include: prior year's state or federal tax return, current income statement from employer, Social Security statement of benefits, or retirement/pension statement of benefits.*

_____ (Must initial)

INTERNAL USE ONLY - SALES

Address Searched: YES or NO

*Program Document Rec'd: YES or NO

MDN: _____

MIN: _____

Date Assigned: _____

Personnel: _____

Faxed Provisioning on: _____

INTERNAL USE ONLY - PROVISIONING

Eligible: YES or NO

Documentation Verified (description): _____

Provisioning Rep: _____

Date Info Received: _____

SECTION 3 - APPLICANT CERTIFICATION AND AGREEMENT

Calling Plan & Feature Options: Please select the monthly service you wish to receive.

- | | |
|--|---|
| <input type="checkbox"/> \$25/mo., Lifeline Plus Basic Calling Plan | <input type="checkbox"/> \$10/mo., Tribal Lifeline Plus Basic Calling Plan |
| <input type="checkbox"/> \$35/mo., Lifeline Plus Smartphone 1GB Calling Plan | <input type="checkbox"/> \$20/mo., Tribal Lifeline Plus Smartphone 1GB Calling Plan |
| <input type="checkbox"/> \$45/mo., Lifeline Plus Smartphone 3GB Calling Plan | <input type="checkbox"/> \$30/mo., Tribal Lifeline Plus Smartphone 3GB Calling Plan |
| <input type="checkbox"/> \$55/mo., Lifeline Plus Smartphone 5GB Calling Plan | <input type="checkbox"/> \$40/mo., Tribal Lifeline Plus Smartphone 5GB Calling Plan |
| <input type="checkbox"/> \$10/mo., Lifeline Plus 1GB Broadband Data | <input type="checkbox"/> \$10/mo., Tribal Lifeline Plus 3GB Broadband Data |
| <input type="checkbox"/> \$25/mo., Lifeline Plus 3GB Broadband Data | <input type="checkbox"/> \$35/mo., Tribal Lifeline Plus 5GB Broadband Data |
| <input type="checkbox"/> \$50/mo., Lifeline Plus 5GB Broadband Data | |

☐ **I AGREE to pay Advance Pay price + tax for device, and the cost of the first month's service.**

I ALSO HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT;

- ☐ I acknowledge that Lifeline is a federal government benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- ☐ I acknowledge that only one Lifeline service is available per household, and that, to the best of my knowledge, no other person in my household is receiving a Lifeline service. (For purposes of Lifeline, a "household" is any individual or group of individuals who live together at the same address and share income and expenses.)
- ☐ I acknowledge that a household is not permitted to receive Lifeline benefits from multiple providers and that violation of this limitation constitutes a violation of the rules of the Federal Communications Commission and will result in de-enrollment from the Lifeline program.
- ☐ If I am participating in another Lifeline program at the time I apply for Cellcom Lifeline service, I agree to cancel that Lifeline service with any other provider.
- ☐ I acknowledge that Lifeline is non-transferable and that I may not transfer my benefit to any other person.
- ☐ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- ☐ I will notify Cellcom within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline services, such as no longer participating in any of the qualifying programs, or if I or a member of my household receives another Lifeline benefit.
- ☐ I acknowledge that I may be required to re-certify to my continued eligibility for Lifeline at any time, and that my failure to re-certify will result in de-enrollment and termination of my Lifeline benefits.
- ☐ If I move to a new address, I will provide the new address to Cellcom within 30 days.
- ☐ If I provided a temporary address and I move to a new address; I will provide the new address to Cellcom within 30 days.
- ☐ I acknowledge I meet the income-based or program-based eligibility criteria for receiving Lifeline.
- ☐ I acknowledge that I qualify for Lifeline as an eligible resident of Tribal lands, living on Tribal lands.
- ☐ I acknowledge the information contained in this application is true and correct to the best of my knowledge

_____ (*Must initial*)

I ACKNOWLEDGE THAT IN ORDER TO CONTINUE RECEIVING A REDUCED CALLING PLAN ON THE LIFELINE PROGRAM, I AM RESPONSIBLE FOR PAYING ALL MONTHLY ACCESS CHARGES AND FEES INCURRED DURING EACH BILLING PERIOD.

I UNDERSTAND COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE IMMEDIATE ACCEPTANCE INTO THIS PROGRAM. I AUTHORIZE CELLCOM OR ITS' DULY APPOINTED REPRESENTATIVE TO ACCESS ANY RECORDS NECESSARY TO VERIFY THESE STATEMENTS TO CONFIRM MY CONTINUED PARTICIPATION IN THE ABOVE PROGRAMS. I AUTHORIZE REPRESENTATIVES OF THE ABOVE PROGRAMS, IF REQUESTED, TO DISCUSS WITH AND/OR PROVIDE COPIES TO CELLCOM TO VERIFY MY PARTICIPATION IN THE ABOVE PROGRAMS AND ELIGIBILITY FOR LIFELINE OR LINK-UP SERVICE. I FURTHER AGREE UPON REQUEST FROM CELLCOM TO PROVIDE DOCUMENTATION OF ELIGIBILITY.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE LIFELINE/LINKUP ASSISTANCE PROGRAMS.

Printed Name: _____

Applicant's Signature: _____

Date: ____ / ____ / ____

Please return application to:

**Cellcom Lifeline Program
P.O. Box 5370
De Pere, WI 54115**

or take your completed application to a Cellcom retail location nearest you.



Your location is set to **Adams, WI**. Change location.

Lifeline Plus

Cellcom wants to help you stay connected no matter the circumstances. That's why Cellcom offers the Lifeline calling plan - a federally subsidized program that provides wireless services to qualified low-income individuals. This is not a free service. But Lifeline customers do receive a reduced rate on their monthly calling plan. For more information about Lifeline Assistance from Cellcom, call (877) 477-5222 or stop by a Cellcom retail location.

Check Your Coverage.

Included Features

- Free Domestic Incoming Quik|Txt Messages**
 Receive text messages, breaking news, weather updates and more, right on your Cellcom phone!

Receive free notifications to remind you of upcoming replenishments, low balances, and payment confirmations

No overage
- Free international text messaging**

Unlimited talk and text service

No credit checks, contracts, or bill. Pay in advance for service.
- Keep your existing phone number**

Free Basic or Visual Voicemail
 Allows a caller to leave a message when you are unable to answer your phone.

Mobile Hotspot
 Connect your device and share your data allowance with multiple Wi-Fi enabled devices. Included on all capable devices.
- Free Caller ID, Call Waiting, and 3-Way Calling**

Lifeline Application

Consent for Benefit Transfer

[Click here](#)

[Click here](#)

Lifeline Plus Smartphone

Talk	Text	Data	Monthly Price
Unlimited	Unlimited	1GB	\$35
Unlimited	Unlimited	3GB	\$45

Lifeline Plus Mobile Broadband

Data	Monthly Price
1GB	\$10
3GB	\$25

Talk	Text	Data	Monthly Price
Unlimited	Unlimited	5GB	\$55

Data	Monthly Price
5GB	\$50

Lifeline Plus Basic

Talk	Text	Data	Monthly Price
Unlimited	Unlimited	75MB	\$25

Additional Features

Voice Services

Hide/Show

Your Cellcom wireless phone is a mobile resource center.

Messaging

Hide/Show

Calling isn't the only way to stay in touch. Cellcom lets you send and receive text messages, downloads and pictures.

International Services

Hide/Show

Stay in touch while you're off exploring the world.

Data Services

Hide/Show

View individual data plan options and pricing.

Important Information

By using myChoice wireless service, you agree to the following terms and conditions.

An E911 compliant-CDMA phone, compatible with Cellcom's network, is required. A \$25 line set-up fee will apply with all phone activations. Account deposits are nontransferable and nonrefundable, except as set forth below. Account deposits are used on a first in, first out basis. Deposits will expire after one year. Any unused account balance is forfeited upon expiration.

All accounts, must have funds added/available by close of business day on the Replenishment Date. As a result of non-replenishment your account will expire and service will be interrupted. myChoice accounts will cancel 1 month after expiration. A line set-up fee and new wireless phone number will be required to reactivate service.

Charges: Airtime is billed/deducted in 60 second increments. Nquire/411 Directory Assistance calls are charged \$1.99 plus airtime. Charges equate to 14 minutes on PayGo service plus airtime. Standard airtime charges apply to all toll free calls. Rates are valid only in the designated home calling area.

Voice and Texting Plans: Your monthly plan amount will be deducted from your account on your replenishment date. If you have insufficient funds, your monthly plan will not be replenished. Cellcom reserves the right to terminate service if less than fifty percent (50%) of the customer's overall minutes of airtime are used in Cellcom's market. International calling is not permitted; Cellcom may terminate service as a result.

Unlimited voice services are solely for live dialog between two individuals. Unlimited voice service may not be used for international calling, conference calling, call

forwarding, monitoring services, data transmissions, transmission of broadcasts, transmission of recorded material, or other connections that do not consist of uninterrupted live dialog between two individuals. If you are using an unlimited voice service for anything other than live dialog between two individuals, Cellcom reserves the right to terminate your service.

Voicemail: Cellcom reserves the right to deactivate any voice mailbox that has not been initialized within 60 days of activation or any mailbox that has not had any messages for over 60 days. Applicable airtime charges apply when checking voicemail messages. Voicemail services are unavailable on the Broadband Data Rate plan.

QuickTxT Messaging & Data: Use of Messaging and Data is subject to the Data Acceptable Use Policy located at www.cellcom.com/AUP. Service not available on all devices. Use of visual voicemail deducts from data plan allowance. When the data bucket limit has been reached, data will be suspended on the line. An additional bucket of data may be purchased to re-instate data services during a suspension period. Voice services, including 911, are not available on mobile broadband nor tablet devices.

Coverage Maps: Coverage maps indicate where rates apply and may not depict actual service availability or wireless coverage. Coverage areas depicted are approximate. To inquire about specific service availability in a geographic area, contact Cellcom's customer service at (800) 309-9911. Geographic terrain, weather conditions, and type of equipment may affect cellular coverage. Wireless service is subject to technological limitations, including capacity and tower availability.

15 Day Guarantee: If for any reason you're not completely satisfied with Cellcom's service, simply return the equipment within 15 days of purchase for a full refund of equipment. The line set up fee and any unused airtime are non-refundable. You may be subject to a restocking fee. For additional details, see 15 day return policy brochure.

Taxes and Other Charges: Taxes on equipment and other charges may apply. A Regulatory and Other Recovery Fee, USF (Universal Service Fund) any applicable E911 fees and taxes are included in the monthly access and per minute airtime charges. The Regulatory and Other Recovery Fee is associated with the cost of administering and complying with government-mandated programs such as Wireless Number Pooling, TTY (Text telephone), CALEA (Communication Assistance for Law Enforcement Act) and Wireless Number Portability.

Other Important Information: Cellcom reserves the right, without notice, to change rates and coverage areas that do not adversely impact the consumer. In all other situations, best attempts to give a notice will occur.

To maintain or improve wireless service, to prevent fraud or for other business reasons, Cellcom can restrict or modify your service without notice if: (a) you make a false statement to us; (b) you interfere with our customer service or business operations; (c) you breach any part of this agreement; (d) we believe your service is being misused or used by anyone for unlawful activity; (e) we believe your wireless phone or telephone number has been stolen or tampered with; or (f) the use of your service adversely affects service to other customers.

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